



THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF BUILDING REGULATIONS AND STANDARDS
MASSACHUSETTS STATE BUILDING CODE
780 CMR 8TH EDITION



TOWN OF WEST TISBURY

Building Permit Application To Construct, Repair Or Erect

Tents or Temporary Structures

THIS SECTION FOR OFFICIAL USE ONLY

BUILDING PERMIT NUMBER:

DATE APPLIED:

SIGNATURE: _____

BUILDING COMMISSIONER/ INSPECTOR OF BUILDINGS

DATE

SECTION 1: SITE INFORMATION

1.1 LOCATION OF TENT(S) OR STRUCTURE(S) TO BE ERECTED:

1.2 ASSESSORS

MAP & PARCEL NUMBERS _____

1.3 DATES OF USE:

TO _____

1.4 PROPERTY DIMENSIONS:

LOT AREA (SQ FT) _____

FRONTAGE (FT) _____

SECTION 2: CONTACT INFORMATION & PROPERTY OWNERSHIP

2.1 NAME OF ORGANIZATION: _____

CONTACT NAME (PRINT) _____

CONTACT MAILING ADDRESS: _____

TELEPHONE _____

2.2 OWNER¹ OF RECORD:

NAME (PRINT) _____

OWNER MAILING ADDRESS: _____

TELEPHONE _____

SECTION 3: TYPE & PURPOSE OF TENT OR TEMPORARY STRUCTURE

MARQUEE ☐

PUSH POLE TENT ☐

FRAME TENT ☐

TRACK TENT ☐

CLEAR SPAN TENT ☐

OTHER ☐ SPECIFY:

CANOPY ☐

TENSION TENT ☐

MATERIALS: _____

LIST NUMBER OF TENTS: _____

PURPOSE OF TENT(S) OR TEMPORARY STRUCTURE(S): _____

SECTION 4: SITE LOCATION DETAILS

COOKING APPLIANCES (IF ANY)

TYPE: _____

FIRE EXTINGUISHERS ON HAND

TYPE: _____

LIGHTING USED

TYPE: _____

SEATING

CHAIRS ☐ BLEACHERS ☐

CAPACITY /OCCUPANT LOAD PER TENT: _____

EGRESS EXITS

LOCATION TO BE SHOWN ON SITE PLAN

TENT CERTIFICATION NO.

COPY OF CERTIFICATION MUST ACCOMPANY APPLICATION

SECTION 5: FEES

OFFICIAL USE ONLY

1 PERMIT FEE \$ 0.00

TOTAL ALL FEES: \$ 0.00

CHECK NO. _____ CHECK AMOUNT _____ CASH AMOUNT _____

☒ PAID IN FULL ☐ OUTSTANDING BALANCE DUE _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

SIGNED AFFIDAVIT ATTACHED? YES ☐ NO ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

SIGNATURE OF OWNER

DATE

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

PRINT NAME (RESPONSIBLE PARTY)

SIGNATURE OF OWNER OR AUTHORIZED AGENT (SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY) DATE

SECTION 8: REQUIRED DEPARTMENT APPROVALS

FIRE DEPARTMENT APPROVAL - ☐ APPROVED ☐ DISAPPROVED

FIRE CHIEF OR DESIGNEE

DATE

HEALTH DEPARTMENT APPROVAL ² (IF FOOD SERVICE IS AVAILABLE) - ☐ APPROVED ☐ DISAPPROVED

DIRECTOR OF PUBLIC HEALTH OR DESIGNEE

DATE

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.
2. Approval from Westborough Department of Health required for food service during event.



Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Please Print Legibly

Applicant Information

Name (Business Organization Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1 ☐ I am an employer with _____ employees (full and/or part-time). *

2 ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp insurance required.]

3 ☐ I am a homeowner doing all work myself. [No workers' comp insurance required.] †

4 ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡

These sub-contractors have workers' comp insurance.

5 ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp insurance required.]

Type of project (required)

6 ☐ New construction

7 ☐ Remodeling

8 ☐ Demolition

9 ☐ Building addition

10 ☐ Electrical repairs or additions

11 ☐ Plumbing repairs or additions

12 ☐ Roof repairs

13 ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit license number which will be used as a reference number. In addition, an applicant that must submit multiple permit license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia